

Complaints Form

You will receive a written notification of receipt of your complaint within two (2) working days of lodgement. Magill College Sydney will investigate this complaint within ten (10) working days of receipt. You may be represented by a nominee at any stage of the complaint and grievance process and this complaints and grievance process does not prevent you from exercising your rights to other legal remedies. We shall inform you of the outcome, in writing, within twenty (20) working days. Please refer to the Complaints Handling Policies and Procedure for detailed information on our website www.magill.edu.au

Personal Details			
Surname:		Student Number (if applicable):	
Given Name:		Email:	
Phone Number:			
Address:			

Type of Complaint
<i>Please describe the nature of your complaint. (attach evidence if applicable)</i>

Details of Complaint

- Please note that providing as much detail as possible will assist us in investigating your complaint. If it is necessary, you may attach extra pages or material to this form.
- Please provide specific details of what your complaint is about, including
 - The circumstances surrounding the issue and who was involved.
 - Why a complaint/grievance is being lodged.
 - Any evidence including dates and documentation and name(s) of any witnesses.

Magill College Pty Ltd Trading as Magill College Sydney
ABN: 67 090 050 990 CRICOS Provider Code: 01994M RTO No: 91367

Other Interested Parties:

Details:

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Investigation:

Resolution:

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Follow Up Action:

Declaration

I declare that the information provided by me in this complaint, along with any supporting documentation submitted (where applicable), is true, complete and accurate to the best of my knowledge and belief. I understand that the information I have provided will be used by Magill College Sydney solely for the purpose of investigating and resolving the complaint in accordance with the College's policies and procedures.

I acknowledge that providing false or misleading information may compromise the integrity of the process and could lead to the complaint being dismissed or other appropriate action being taken.

I understand that I may be contacted for further clarification or invited to attend an interview to provide additional details or respond to questions relating to this matter. I agree to cooperate fully with the investigation and will make myself reasonably available for any follow-up during the investigation process.

I also acknowledge that Magill College Sydney will maintain confidentiality in the handling of my complaint and will only disclose information to relevant personnel involved in the resolution process with written consent and/or to external agencies (if required by law).

Name of Complainant:			
Signature:		Date:	
OFFICE USE ONLY			
Receiving Officer Full Name:		Date Received:	
Signature (Receiving Officer):			
Name of Appointed Decision-Maker:		Position:	
Acknowledgement Sent Date:			
Investigation Commencement Date:			
Decision Finalisation Date:			
Signature:			

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